



CITY OF FRISCO ALARM PERMIT APPLICATION

Please Print or Type

PROPERTY INFORMATION

Name of Business/Resident: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

☐ Dogs on the property?

☐ Guns?

☐ Handicapped Persons?

BILLING INFORMATION (if different than above)

Name: _____

Address: _____

Street City State Zip

Email: _____

ALARM INFORMATION

Alarm is: ☐ Residential ☐ Commercial ☐ Audible ☐ Silent

Type of Alarm: ☐ Burglary ☐ Robbery ☐ Fire ☐ Medical ☐ Panic

Check all that Apply: ☐ Glass Breakage ☐ Motion Detection ☐ Panic Button

☐ Door Activation ☐ Window Activation ☐ Garage Door Activation ☐ Automatic Reset

Police Notified By: ☐ Alarm Company ☐ Panel ☐ Other (specify) _____

Alarm or Monitoring Company

Name: _____ Phone: _____

Address: _____

Street City State

Date Alarm Installed: _____ Date Service Began: _____

ADDITIONAL CONTACTS

NAME

PRIMARY PHONE

SECONDARY PHONE

Contact must have access to the property and alarm with a maximum of 30 minutes response time.

Date

Signature of Permit Holder

Please send \$35.00 payment to: Frisco Police Department 7200 Stonebrook Pkwy Frisco, TX 75034
Make checks payable to City of Frisco

OFFICIAL USE ONLY

Permit Number: _____ Date Received: _____ In Person Mail

Issued Date: _____ Exp. Date: _____

Method of Payment Cash Check # _____ Receipt # _____

CAD Entry Date: _____ By _____ Verified By: _____

Renewal Period: _____